

Lois B. Jacob
Commissioner of the Revenue



City of Fredericksburg
715 Princess Anne Street
P. O. Box 644
Fredericksburg, VA 22404-0644
Telephone: 540 372-1004
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MEALS TAX REGISTRATION

Please print out to complete, sign, and submit

Federal Identification Number: _____

1. Name of Business _____
(trade name)
2. Owner _____
(name of individual, partnership or corporation that owns the business)
3. Location of Business _____
(street and number)
4. Class _____
(restaurant, cafeteria, deli, snack bar, drive-in, etc.)
5. Mailing Address _____
(when address is different from 3 above)
6. Telephone Number _____
7. Types of Ownership _____
(individual, partnership, corporation)
8. Name of Officials Signing if Corporation _____
9. Date Started , or to
Start at This Location _____
10. Name of Business
Succeeded _____

Date _____

(Print Name Here)

(Sign Name Here)

(Title)